

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008438

FILED
Jul 08, 2008
Secretary of State

Entity Name: JURY-DUTY SPAY AND NEUTER PROGRAM INC.

Current Principal Place of Business:

109 NORTH PALAFOX STREET
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

109 NORTH PALAFOX STREET
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 20-1969497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FARRAR, CYNTHIA K
3421 OAKMONT DRIVE
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: FARRAR, CYNTHIA
Address: 3421 OAKMONT DR
City-St-Zip: PENSACOLA, FL 32503

Title: S () Delete
Name: KYSER, BETTY
Address: 3440 LA MANCHA WAY
City-St-Zip: PENSACOLA, FL 32503

Title: VP () Delete
Name: ZUMBADO, HERMI
Address: 6902 N.W. 19TH ST
City-St-Zip: MARGATE, FL 33063

Title: VP () Delete
Name: FARRAR, GREGORY P
Address: 3421 BARMONT DR
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA FARRAR

P

07/08/2008

Electronic Signature of Signing Officer or Director

Date